Delaware Thoroughbred Racing Commission License Renewal Application

Cash	
Charge	
Check #	

ARCI	License #:	Issued By:	Date:	Fee:	FBI Fii	ngerprint		FBI Fingerprint	State:
			(Office Use On	ily)				
,	Type Or P	rint An	swers To	o All C	of The F	ollow	ing Que	stions	
\$30.00	\$15.	20	\$5.00	n	\$50.00/y	oar	\$30.00/year		\$100.00/year
_VETERINARIAN	VENE			ABLE EMPLOY		OWNER	JOCKEY		OWNER/TRAI
_VETERINARIAN ASST		OR EMPLOYEE		OOM		_TRAINER		TICE JOCKEY	
_JOCKEY AGENT	PON	/ PERSON	HO	T WALKER					
_FARRIER/PLATER			DELAWARE PA		<u> </u>				
_DENTIST _ASST. TRAINER	DACING CO	NAMAICCIONI	DEPT						
_ASS1. TRAINER _EXERCISE RIDER	RACING CO	DIVINISSION	POSITION:						
the undersigned	l, hereby make ap	plication for	renewal of m	У			license, t	to be issued in	n accordance
	d provisions of th					ghbred l	Racing Comm	iission.	
* SSN #, Federal I	D #, or Social Insurance	# Full Lega	al Name (First, Mide	lle, Last)		:	Maiden or Alias	Date of	i Birth
D (II	A 11 11 1	C 11		l a:		G		7' 0	
Permanent Home	Address at which service	of all papers may	be made upon you.	City Cou	y untry	State		Zip Co	de
Telephone Numbe	NT.	E-Mail A	ddress			Place of I	Pirth		
Telephone Ivamoe		D-Waii 7	address			Trace or r	on ui		
Present Address (i	f different from above)			City		State		Local Phone	
	,			Zip		State		200417110110	
Citizen Of	Imm	igration ID# (if app	plicable)	_ 					
		1.1		1					
	lowing, if applic ip to be listed on		arogram?						
Trainer's Name:	1	Official face	program:						
Tramer 3 Name.	•								
f in co-ownersh	ip, list name and	percentage	(%) of owner	ship held	by each.				
Name:	1 ,	1	(12)	<u> </u>			% Share:		
Name:							% Share:		
Name:							% Share:		
Name:							% Share:		
	of Certificate of Incor	poration must be	attached. Entity	fees may ap	ply and additional	forms ma		some iurisdictio	ns.
-	llowing Workers	-	-				J 1 J		
	Insurance Company		non msuranc	e iiiioi iiia		Policy N	umher:		
Expiration Date:	msurance Company		Policy Holder:			Toney	umoer.		
*									
	ed or leased by y			nnline#:					
Horse Name(s):	se agreement(s)	must be atta			f lessor if appropriate	a•			
HOUSE MAINE(S).			I INa	mic/Audress Of	i icasoi ii appiopflate	·.			

<u>Veterii</u>							
YES	NO	Have you complied with	the provisions of the Wo	rkmen's Compensation Law?			
		Expiration Date	Policy #	Company Name			
FARRIE	ERS:	In what other states do y	ou hold a FARRIER or Pi	LATER license?			
<u>VETER</u>	INARIANS:	State of Delaware Board	#	Expiration:			
<u>VENDORS</u> :		Company Name		Type of Busin	Type of Business		
				Number of employees to b			
JOCKEY AGENT:							
JOCKE	I AGENI.	Jockey.					
TO 4							
			the following informal Legal Name (First, Middle	mation concerning spou	Se: Maiden or Alias	Date of Bir	h
<u> </u>							
On Sep	parate Sheet	t .		since filing your last applica	". Give Details In Space P	Yes	No
				ou, or your spouse, in any ju		Yes	No
						Yes	No
3. Have you, or your spouse, been ARRESTED since filing last application? (including DUI/DWI)4. Have you, or your spouse, been CONVICTED since filing last application? (including DUI/DWI)						Yes	No
						Yes	No
5. Are you, or your spouse, currently on parole or probation for any crime?6. Have you, or your spouse, had your fingerprints submitted to the FBI?Year: State :						Yes	No
-		our spouse, ever been lic				Yes	No
		st every jurisdiction and	-				
Turiur					A		
	Trainer's Name: Agent's name (if applicable) Employer's name at recetrack (if applicable)						
i Empio			_		Emmlassan's signatures		
Zilipio	yer's name at	racetrack (if applicable)	<u> </u>		Employer's signature:		
All ap	plicants m	ust read the follow	ing and sign belov				
All ap In making parties, su	plicants m this application f ch as family mer	ust read the following a license to participate in racinbers, business associates, fina	ing and sign belowing, it is understood that an incial sources, friends, neight	nvestigative report may be made whors, or others with whom you are	nereby information is obtained through pacquainted. This inquiry includes info	rmation as to yo	ur characte
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Please Fax or Mail Only Owners' or Trainers' Applications, Payments, and Addendums to:

Delaware Thoroughbred Racing Commission Fax- (302)-993-8949 777 Delaware Park Blvd. Wilmington, DE 19804 Attn: <u>Licensing Office</u>

Phone-(302)-994-2521 ext. 7138, 7258, or 7104